

87 Nepperhan Ave  
Room 212  
Yonkers, NY 10701

**CITY OF YONKERS**  
**BOWLING ALLEY**  
**LICENSE APPLICATION**

Phone: 914-377-6808  
Fax: 914-377-6811  
Website:  
www.YonkersNY.gov

**Individual**

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name of Bowling Alley: Location:

Applicant is: ☐ Individual ☐ Firm ☐ Partnership ☐ Corporation

Name: Social Security #:

Address:

City: State: Zip:

Home Phone #: Cell #: E-mail:

Date of Birth: Sex: Height: Hair Color: Eye Color:

Are you a citizen of the United States?

If not, please provide a copy of your INS A Card and #

Have you ever been arrested or convicted of a crime?

If yes, explain:

Address: State: Zip:

Telephone: E-mail:

List below the name, addresses, and phone numbers of supervisors in attendance at the Bowling Alley:

Name	Address	City, State, Zip	Phone

**LICENSING FEES AND EXPIRATION DATE**

\$200.00/term License expires December 31st following date of issuance.

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director

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**Partner or Corporation**

Pursuant to the provisions of the Code of the City of Yonkers, I the undersigned respectfully petition for the below-listed license in the City of Yonkers, and for that purpose, I hereby provide the following answers to the questions contained herein.

Name of Bowling Alley: \_\_\_\_\_ Location: \_\_\_\_\_  
Applicant is: \_\_\_\_\_ Individual \_\_\_\_\_ Firm \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

**FOR PARTNERSHIP:** Provide the following information for each partner.

Name	Address	Social Security #	Telephone #	Date of Birth

**FOR CORPORATION**

Name of Corporation: \_\_\_\_\_  
Date of Incorporation: \_\_\_\_\_ State in Which Corporation was Organized: \_\_\_\_\_  
Is Corporation authorized to do business in the State of New York? \_\_\_\_\_  
Names and Business Addresses of Office Managers, in Charge, and Directors: \_\_\_\_\_

Name	Address	Social Security #	Telephone #

**LICENSING FEES AND EXPIRATION DATE**

\$200.00/term      License expires December 31st following date of issuance.

License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
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**FOR INDIVIDUAL**

\_\_\_\_\_  
Signature

Affadavit:  
State of New York  
County of \_\_\_\_\_  
City of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledge to me that he had executed the same.

\_\_\_\_\_  
Notary Public  
Commissioner of Deeds

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**FOR PARTNERSHIP OR CORPORATION**

\_\_\_\_\_  
Signature

Affadavit:  
State of New York  
County of \_\_\_\_\_  
City of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who being by me duly sworn, did depose and say that he resides in \_\_\_\_\_ that he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in, and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by the order of the Board of said corporation, and that he/she signed his/her name thereto to be like ordered.

\_\_\_\_\_  
Notary Public  
Commissioner of Deeds

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Philip A. Amicone, Mayor  
Office of Municipal Code Violations Frank J. McGovern, Executive Director  
Consumer Protection Bureau Kerry O'Brien, Director